Infant and Early Childhood Mental Health Consultation: How to create, implement and sustain a model of consultation

Presentation Team:
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Lauren Rabinovitz- Center of Excellence on IECMHC
Linda Delimata- Mental Health Partnership
Lauren Wiley- Ounce of Prevention
Kate Wasserman- University of Maryland Institute for Innovation and Implementation
Agenda

• IECMHC 101
  • What is it and what is it not
  • Center of Excellence and emerging learning

• The Local Perspective
  • Local State System: Illinois
  • Local State System: Maryland

• Participant Driven System Exploration
  • Utilize CoE tools and Faculty to analyze own system including:
    • Current IECMHC activity
    • Capacity
    • Goals
    • Leadership
Learning Objectives

• Participants will learn what Infant and Early Childhood Mental Health Consultation (IECHMC) is and how it fits within a larger Early Childhood System of Care

• Participants will dialogue with national experts about how to build a model of IECMHC

• Participants will take inventory of own state system components and create next steps to build or improve upon an IECMHC approach
We want to hear from you!

- Who is in the audience?
  - Mental health consultants?
  - Supervisors?
  - Administrators?
  - Family members?
  - Others?

- What do you want to learn today?
- What do you want to be able to apply in your work based on today’s session?
Infant and Early Childhood Mental Health Consultation

- IECMHC is a multi-level preventive intervention that teams mental health professionals with people who work with young children and their families to improve children’s social, emotional, and behavioral health and development.

[Video: It's Time]
What does it look like?

• SO many variations depending on the setting!

Video: A day in the life
Benefits of IECMHC

IECHMC is an approach that is backed by evidence for:

• Improving children’s social skills
• Reducing child distress
• Preventing preschool suspension and expulsion
• Improving child-adult relationships
• Reducing provider stress, burnout, and turnover
Attributes of Mental Health Consultants

- Master’s degree in social work, psychology, or related field
- At least 2 years experience as a mental health professional
- 75% have worked in the field for at least 10 years
- Foundational knowledge of early childhood development
- Ability to work in natural settings, including homes and early care and education environments
- Understanding of cultural variations in development, child-rearing practices, and caregiver expectations

#LEADINGCHANGE
<table>
<thead>
<tr>
<th>What IECMHC Is</th>
<th>What IECMHC is not</th>
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<tbody>
<tr>
<td>• Indirect service that benefits young children</td>
<td>• Direct service and/or therapy</td>
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<tr>
<td>• Promotion-based</td>
<td>• Focused solely on families</td>
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<tr>
<td>• Prevention-based</td>
<td>• Always provided in a center-based setting</td>
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<td>• Provided by a master’s prepared mental health professional</td>
<td>• Group therapy</td>
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<td>• Builds the capacity of families and professionals</td>
<td>• Psychological treatment for staff, families, or children</td>
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<td>• Supports and sustains healthy social and emotional development of young children</td>
<td>• Training and Technical Assistance (TTA)</td>
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<td>• Delivered in a variety of child-serving systems (ECE, HV, etc.)</td>
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<td>• Delivered in a natural or community setting</td>
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Common IECMHC activities

- Reflective Practice
- Observations
- Explore/Develop Strategies to Support Children and/or Families
- Reflect on/Discuss Implementation of New Strategies
- Linkage to Evidence-based and Culturally Relevant Services
- Programmatic Support with Policy and Practices

Video: Role
Impact of IECMHC on Child-Level Outcomes

- Reduce Children’s Behavior Problems
- Prevent Preschool Suspensions/Expulsions
- Improve Dyadic Relationships
- Reduce Missed Work Days for Parents

THE CENTER OF EXCELLENCE FOR Infant and Early Childhood Mental Health Consultation

#LEADINGCHANGE
The workforce

Consultant Knowledge:
• Child development
• Typical and atypical behavior including:
  • Attachment
  • Separation
• Medical and genetics information
• Cultural understanding
• Treatment alternatives
• Family systems
• Early childhood systems
• Adult learning principles

Skills and Experience:
• Ability to work in group settings-
• Observation, listening, interviewing and assessment
• Sensitive to community attitudes and strengths
• Cultural competence
• Respect for diverse perspectives
• Ability to communicate
• Familiar with interventions and treatments

Video: Reflective Supervision Session

Slide Credit: Head Start National Center on Health and Wellness
Center of Excellence on IECMHC

- History
- Overall goals and mission
- Pilot Sites
- Emerging Learning

Setting Children up for Success: Beginning with IECMHC and the Center of Excellence Toolbox

The Toolbox
Break!
Implementing Mental Health Consultation in Home Visiting

Presented by:

Linda Delimata, IL Children’s Mental Health Partnership

and Lauren Wiley, The Ounce of Prevention Fund
Benefits of IECMHC

- Provides a place to reflect on cases
- Offers support with difficult issues
- Builds skills to help address mental health concerns
- Promotes reflection in supervision and group work
- Supports and encourages relationships
Self-Knowledge

• Working within the field of IECMH requires managing and balancing the complex array of infant/child and parent needs with one’s own professional and personal reactions to those needs.

• Meeting this goal requires engaging in a process of self-exploration.

• Participating in reflective consultation and supervision supports the process of self-exploration and leads to increased self-awareness.

• The result is an increased capacity to “catch one’s self” and control one’s professional responses in challenging situations.
The Parallel Process

- The relationship which the staff establishes with the mother/family/baby helps to hold, contain, and regulate the family.

- Reflective Supervision and Consultation help to hold, contain, and regulate the staff, supervisor, and other program personnel.

- Self-Awareness supports the essential process of Self-Regulation.
Illinois Model for I/ECMHC in Home Visiting

• This model can be found at the website of the IL Children’s Mental Health Partnership [www.icmhp.org](http://www.icmhp.org) under publications
• The model outlines the services provided to home visiting programs
• The model also outlines the supports necessary for the consultants
Services offered to Home Visiting Programs

- Reflective consultation with the Program Manager/Supervisor
- Reflective Consultation with Individual Staff
- Group Reflective Consultation
- Professional Development
- Home Visits
- Co-facilitation of Groups
Supports to the Consultants

- Monthly reflective supervision
- Group supervision
- Infant Mental Health Learning Groups
- Reflective Learning Groups
- Mental Health Consultant Retreat
Site Visit Results

• Each program receives a site visit during the time they have consultation

• Home visitors reported
  • Increased understanding of infant/early childhood mental health
  • Feeling supported
  • Having a place to discuss challenging cases
  • Learning new approaches to families
  • Feeling more confident in dealing with mental health concerns during visits
Current Picture in Illinois

- Over half a million, almost 20% of children, live in poverty (2015 census data)

- African American children are four times more likely to poor than white children (2015 census data)

- One in seven women have significant depressive symptoms post partum (2013 Northwestern Medicine Study, Wisner)

- Maternal depression is linked to both internalizing and externalizing problem behaviors among children (Goodman et.al., 2011)

- Approximately 20% of all children with mental health issues are not served

- The lifetime cost of one child who is a victim of maltreatment is $210,012
Survey of IL Early Care and Learning Providers, 2014

- 83% of children exhibited social and emotional development concerns
- Just over 15% of respondents discontinued services to a child or asked a family to withdraw their child due to social and emotional concerns
- Nearly 16% said that troubled parent-child relationships were the most difficult issue for their programs to deal with
- 71% indicated family mental health concerns as difficult to address
- Boys of color are 4-8 times more likely to be expelled from preschool; African American girls 12 times more likely
- Children were expelled twice as often when there was NO consistent mental health consultation (Walter Gilliam 2005)
- Children who are expelled are 10 more likely to drop out of school (Horan, Georgetown University)
Current Building Blocks in Illinois

- Governor's Office of Early Childhood Development
- Early Learning Council: vision for comprehensive high-quality early childhood system with a focus on vulnerable children
- Federal and State Investments
- Social and Emotional Learning Standards
- Illinois Childhood Trauma Coalition
- Every early childhood system has some mental health consultation in place (child care, home visiting, pre-K, Head Start, etc.)
- Illinois Action Plan to Integrate Early Childhood Mental Health into Child- and Family-serving Systems
Motivation for Action

Public private partnership committed to building on Illinois' investment in developing a high quality comprehensive system that puts children and families at the center of strategies to advance I/EC mental health.

This investment led to the Illinois Action Plan to Integrate Early Childhood Mental Health into Child and Family Serving Systems (Action Plan)
IL Action Plan to Integrate IECMH into Child and Family Serving Systems

- GOECD and the ELC - efforts to develop high quality system
- Increasing research on impact of child trauma
- Support for children’s healthy social emotional development
- The need for access to more services from prevention to treatment
- Public/Private leadership engagement at every step: DHS, DMH, IDPH, ISBE, DCFS, GOECD, ICMHP, ICTC, ICAAP, ILAIMH, Ounce, Erikson, advocates, mental health consultants, parents and providers
- Input from over 600 stakeholders across IL
- Survey of providers indicated need for social emotional supports
- Process led to a series of recommendations including several on MHC
Leadership team

- Inclusive of all early childhood systems, e.g. DMH, DCFS, IDPH, ISBE, GOECD as well as funders, evaluators, and other key stakeholders
- Provide strategic oversight and guidance; opportunities to collaborate and align funding
- Consensus decision making process to finalize consultation model, pilot, and workforce development strategies
Theory of change

- Framework for strategic planning and evaluation.
- Articulates connection between core strategies and desired impacts and outcomes.
- Developed and vetted by the Leadership Team.
### I/ECMHC Theory of Change Framework: Systems and Providers

#### STRATEGIES

**If IEC Systems....**
- Create a pilot project that...
  - Builds on a high-quality model
  - Is designed and evaluated effectively
  - Represents diverse communities around the state
  - Aligns all major funders with shared vision for pilot as well as funding commitment
  - Relies on the creation of a workforce development strategy

Create, scale and sustain the consultation model
- Foster alignment and coordination across systems
- Establish HR support/home for implementation of model
- Seek funding from state and federal resources, as well as private funders
- Work with insurance companies, ACES, and MCCs
- Incorporate model into child and family systems of care, rather than creating as a separate service

Advocate/communicate about the model
- Highlight benefits of prevention (vs. intervention) and continuity of care
- Convene state and NPO directors to discuss benefits of the model
- Create publicity/awareness messaging about the importance of consultation
- Train families, staff, administrators, on what it is, how to use it, etc.
- Advocate for federal efforts to support this work

#### THEN...

**System, policies, and funding:**
- Agencies have increased awareness about the model
- Cross-systems dialogue about the model is occurring
- Funding or other resources are allocated – strategies for integrated funding are explored
- Policy changes being actively explored/early advocacy
- Incorporate aspects of model into funding RFPs

**Outcomes for providers:**
- Providers and consultants are consistently trained in key components of model
- Providers are increasing their awareness & understanding how to incorporate the model into their practice
- Providers are beginning to access consultants
- Greater # of children are being served

**Outcomes for children & families:**
- Families exhibit greater engagement with providers: have more confidence in transactions with staff
- Children are accessing high quality MH consultation services and sooner

**IMMEDIATE OUTCOMES (Pilot Phase)**

#### WHICH WILL LEAD TO...

**System, policies, and funding:**
- Funder requirements embed model within programs
- Require a portion of a program funding be dedicated
- Funding or other resources allocated across all systems
- State Plan is amended and/or new Medicaid/MH Waiver created

**Outcomes for providers:**
- Capacity of providers is expanded (services and #)
- Providers have adequate funding for innovative services
- Provider improves practices (e.g. understand ACE development, ID early warning signs, and respond appropriately)
- Providers see improvements in organizational health, including increased staff retention and morale

**Outcomes for children and families:**
- Children are able to appropriately engage in schools or programs
- Reduction in expulsions of children from programs
- Families are more stable
- System-specific child outcomes are better realized

**LONGER-TERM IMPACT**

**WHICH WILL IN TURN LEAD TO...**

The I/ECMHC Model will be fully implemented across the systems, resulting in:

- A robust, well-trained and supported, network of care by mental health consultants is coordinated and deployed across all “systems”
- Providers, and the children and families they serve, are receiving high quality mental health consultation so that children in exhibit better outcomes
Illinois model for infant/early childhood mental health consultation

- Identifies best practices
- Defines the specific nature of consultation while remaining flexible enough to work across a variety of settings
- Coordinates and expands practices across the state
- Describes the necessary structures and supports to support consultants and ensure an adequate workforce
- Identifies competencies of consultants
- Outlines possible activities of consultation
MHC Initiative Evaluation

Pilot Evaluation:
- What is the impact on providers in their work with families?
- What is impact of I/ECMHC on programs, providers, children and families?

Process Evaluation:
- What is the impact of the Leadership Team and cross system public/private partnership?
- What is the ability to support an expanded I/ECMHC workforce?
- What is the ability to take consultant approach to scale in every child serving system?
The future of prevention in working with infants and early childhood includes reflective consultation.
Maryland ECMH Consultation

Kate Wasserman, MSW, LCSW-C
Co-Director, Parent, Infant, Early Childhood (PIEC) Program
The Institute for Innovation and Implementation
University of Maryland School of Social Work
Maryland has utilized Early Childhood Mental Health Consultation (ECMHC) as a strategy to promote positive social emotional development and address behavioral concerns in young children for more than a decade. The Maryland State Department of Education (MSDE), Division of Early Childhood funds 12 ECMHC programs, which serve all 24 jurisdictions in Maryland.
The project started in 2002 as a three-year pilot known as The Early Intervention Project in Baltimore City, and Project Right Steps in five counties located on the Eastern Shore. The pilot project has since expanded across the state and its goals include:

- Promoting good mental health practices and services to young children and their families;
- Identifying and working proactively with children who may have developmental, social, emotional, and behavioral concerns;
- Helping young children acquire the social and emotional skills necessary to enter school ready to succeed; and
- Referring children and families in need of more intensive mental health services to appropriate support programs.
Network – Promoting Awareness & Support

• The ECMH Consultation Project works to increase public awareness of the importance of a child’s social/emotional development, particularly as it relates to school readiness.

• Regional project sites maintain telephone help lines, distribute publications and resources, and partner with stakeholder agencies to inform child care providers and families about the availability and benefits of early childhood mental health services.

• Trainings (for childcare programs) and interventions provided by the consultants anchored in the SEFEL Pyramid Model curriculum.
Data & Evaluation Has Been Centralized From the Beginning

Welcome, Kate Wasserman!

Maryland has a strong commitment across its child- and family-serving agencies to create systems of care to ensure that children, youth and families receive access to services and supports that are home-and community-based, culturally and linguistically competent, individualized, effective, and family-driven and youth-guided. This occurs by enhancing service delivery systems through a focus on outcomes, fidelity, fiscal impact, and promoting opportunities for healthy development and learning. Supported by Maryland’s Children’s Cabinet’s, the Institute for Innovation and Implementation serves as an interdisciplinary resource, training, technical assistance and research hub for Maryland’s child and family evidence-based practice (EBP) initiative. The Early Childhood Mental Health Consultation (ECMHC) Outcomes Monitoring System is one of several quality assurance evaluations being conducted through the EBP initiative. The goal of the ECMHC outcomes monitoring evaluation is to strengthen implementation efforts of ECMHC, drive the improvement of outcomes for those served and assist in securing sustained funding for these vital programs.

Please direct all questions about the Early Childhood Mental Health Consultation Outcomes Monitoring System to the PIEC Team at piec@ssw.umaryland.edu
Current Impact of the ECMH-C Workforce

- In Fiscal Year 2017, 597 children received services to address concerns and promote positive behavior.
  - The average duration of services was 4 months.
  - A majority of ECMHC services were provided in Child Care Centers (84%).
  - More than half of the children served (65%) were boys.
  - Children ranged from 2 months to 6 years, with 83% ages 3-6.
  - Children served were diverse and reflect the varied state demographics.
- **IMPACT ON EXCLUSION:** within the cohort of children served this year only 3.8% (n=23) were formally reported as expelled after initiation of consultation services indicating that ECMHC services contributed to preventing suspensions and expulsions in many of the remaining 96.2% of this year’s consultation cases.
- 11% of children identified as in need were not served due to lack of an available consultant demonstrating increased need for consultants.
An Opportunity to Pilot

• Birth – 5 focused SOC Grant in Southern Maryland offered opportunity to pilot an enhanced model of our state’s ECMHC design.
  • Children requiring more intensive services than PFC can provide
  • Provided by a master’s level, licensed counselor or social worker
    • Additional training included:
      • SEFEL Preschool and Infant & Toddler Modules
      • Circle of Security Parenting
      • Chicago Parent Program
      • Trauma Recovery and Empowerment Model
      • Mental Health First Aid
      • Early Childhood Service Intensity Inventory (ECSII)
  • Increased support/presence in the ECE setting
  • Both child-focused and classroom-focused
  • Increased communication with families
As a collaborative initiative, BRIDGE is led by the Charles County LMB with the University of Maryland SSW and is set out to achieve the following:

- Create a tiered model of early childhood services delivered within community and natural settings as well as clinic based services.
- Fund evidence-based direct services to address mental health concerns in children birth to 5 and their families,
- Create a replicable early childhood training and workforce development model,
- Create a social marketing campaign to engage families in services,
- Create a replicable and sustainable financing model for delivering services.
BRIDGE Tiered Targeted Services

In addition to the targeted tiers of EBPs offered, BRIDGE funds support Care Coordination (COMAR – Targeted Case Management) for the birth – 5 population in the tri-county area as well as the development and implementation of an "Enhanced ECMH Consultation" model, adding clinical assessment an in-home supports to families of children served by the model in childcare settings.

Both CCO & E-ECMHC are intended to serve the needs of children and families across the three tiers of service intensity.
Year 3 Focus: Family Voice:
Local Access Mechanism for Families with Young Children in Southern Maryland

Family has concern about 3 year old son’s disruptive behavior and sleep disturbances.

Warm Line Navigation assists family’s enrollment in:
- ABC for mom and baby
- PCIT & CCO for caregivers and 3 year old
- E-EMHC for daycare to support behavior within all settings

Tri-County Early Childhood Warm Line Recommended

If higher level of support is needed, family navigator with lived experience meets with family about concerns and supports their sustained engagement with services.

Warm Line referral assists family’s enrollment in:
- health care for caregivers within the home
- DSS supports for WIC and financial support due to caregiver unemployment, job needs and other resources
- Mental Health services for mother due to postpartum stress
- school-based early intervention supports

Supported engagement in community-based services reinforces successful engagement mental health programs.
Program Comparison

ECMHC
- 3-4 months
- Child-focused
- Bachelor’s level consultants with knowledge in mental health and early childhood education settings
- Support to providers
- Parent involvement with possible home visit

Enhanced ECMHC
- 4-6 months
- Child and/or Classroom-focused
- Master’s level, licensed counselor/social worker
- Increased level of support to providers
- Weekly consultation with parents with possibility to complete multiple home visits
Referral from

Center for Children

Enhanced ECMH

After consent form is obtained, consultant will complete Risk Factor Screening and assess to see if referral meets criteria for Enhanced services.

1 or more risk factors

No known or reported risk factors.

DECA and other screeners are completed

DECA results show multiple areas of concern or 1 major concern. Enhanced and Project First Choice meet and determine if Enhanced services are appropriate.

Project First Choice

Enhanced ECMH

Child Specific Consultation

1-2 hours, 2-3x/week for 3-6 months at child care
Weekly parent consultation (phone call or visit)

Other Source

Project First Choice

After consent form is obtained, consultant will gather information and complete risk factor screening.

1 or more risk factors

No known or reported risk factors.

DECA and other screeners are completed

DECA results show multiple areas of concern or 1 major concern. Enhanced and Project First Choice meet and determine if Enhanced services are appropriate.
Classroom-Focused

• Up to 2 visits per week for 3 months, reduce frequency as appropriate

• Utilizes the SEFEL pyramid approach as a framework

• Increase the capacity of ECE settings to promote social-emotional development in children

• Help providers maintain children with challenging behaviors in high quality ECE settings

• Beginning to incorporate Practice Based Coaching
Growing Pains

- Identifying potential issues
- Territorial concerns
- Breaking down silos (can’t we all just get along)
- Program crossover
- Increased communication
Other Enhancement Opportunities
2017 – Launch of State-Wide Cadre Community of Practice:

• In an effort to support this network, and for Cadre members to connect with and learn from each other as well as other states and national experts, we host a monthly community of practice focused on supporting cadre members to deliver principles and practices related to coaching to support SEFEL implementation in its various forms across different settings.

• Community of Practice calls will begin in January 2018 and will offer Cadre members support, including TA from National Pyramid Consortium leadership, around collectively identified topics including:
  • Strategies for engaging workforce and families in coaching models
  • Models of coaching (embedded and external, local and distance, etc.)
  • Components of Practice-Base Coaching
  • OMS system for Tracking Coaching Activities
  • Evaluation and Fidelity Monitoring for Practice-Based Coaching
  • Incorporating SEFEL training modules into various settings with different audiences
Cadre Community of Practice:

- **Goal of the Cadre:** Our goal is to build and grow fidelity to the SEFEL Pyramid Model across the state.

- This Cadre follows a model replicated in other states facilitated by the National Pyramid Consortium to develop a statewide network of experts in the Pyramid Model and invest in their ability to support the early childhood workforce, young children, and families in a variety of settings.

- Invitation to apply process – asking for commitment of time and dissemination of the model.

- 30 members that represent: childcare resource centers, ECMH Consultants, resource staff in school systems, head start staff and others.
We asked you to spend most of your work time:

- **Publicly Funded**
- **Preschool Class**
- **Infant Toddler Class**
- **Infants & Toddlers Part C**
- **Home Visiting**
- **Head Start**
- **Community Childcare**
- **Admin/Other**

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**2 people listed two work sites**

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*Master Cadre Work Sites Webinar 1.22.18*
# Cadre Components

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<thead>
<tr>
<th>Cadre Component</th>
<th>Implementation Target</th>
<th>What it qualifies you to do</th>
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<tbody>
<tr>
<td>TPOT Assessment</td>
<td>Preschool Classroom Fidelity</td>
<td>Assess Fidelity of SEFEL Implementation in Preschool Classrooms</td>
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<tr>
<td>TPITOS Assessment</td>
<td>Infant/Toddler Classroom Fidelity</td>
<td>Assess Fidelity of SEFEL Implementation in Infant/Toddler Classrooms</td>
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<tr>
<td>Practice-Based Coaching</td>
<td>Support of Implementation of SEFEL across a range of settings</td>
<td>Provide Coaching to Early Childhood Workforce</td>
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<tr>
<td>Positive Solutions for Families</td>
<td>Supporting Parents of Preschoolers</td>
<td>Train and coach parents and caregivers</td>
</tr>
<tr>
<td>Parents with Infants Modules</td>
<td>Supporting Parents of Infants &amp; Toddlers</td>
<td>Train and coach parents and caregivers</td>
</tr>
<tr>
<td>SEFEL Infant/Toddler &amp; Preschool Modules</td>
<td>Train, coach and support implementation of SEFEL in a broad-range of child-focused settings</td>
<td>Support implementation of SEFEL in a range of early childhood settings</td>
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<tr>
<td>Program-Wide and Leadership Modules</td>
<td>Development of leadership and administrative systems to support implementation.</td>
<td>Support leadership teams</td>
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<tr>
<td>Trauma-Informed and Other Specialized Targets</td>
<td>Supporting specialized populations</td>
<td>Support implementation of SEFEL with respect to target and specialized populations</td>
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SEFEL OMS

Social Emotional Foundations for Early Learning Outcomes Monitoring System

The SEFEL Outcomes Monitoring System (OMS) was built to support the SEFEL initiative in Maryland. The SEFEL OMS provides ongoing fidelity and outcomes monitoring of programs using SEFEL for the state of Maryland which helps to enhance children’s social/emotional development and school readiness. The OMS evaluation will help to improve training and implementation efforts and also provide data that helps move programs to implement SEFEL in a more standardized way.
OMS Report: What Strategies are used?

Percentage of time strategy is used (N=75)
OMS Report: How many Strategies are used in a session?

- 1, 1% (1 strategy)
- 3, 4% (3 strategies)
- 14, 19% (14 strategies)
- 8, 11% (8 strategies)
- 37, 49% (37 strategies)
- 12, 16% (12 strategies)
Using Data to Inform the Work!

• Having access to their system-wide data at all times allows coaches, program administrators and state funders to engage in CQI process as they see trends as well as the impact of work over time.

• Regular review of program reports can help coaches and programs extract data and understand what it means. Do their coaches need support/encouragement/additional TA to increase the range of coaching strategies used in sessions, or vary and individualize the joint goals?
Break!
Center of Excellence Toolbox

- [https://www.samhsa.gov/iecmhc/toolbox](https://www.samhsa.gov/iecmhc/toolbox)
Time to reflect on your local community or state/tribe/territory!

- What is the IECMHC landscape?
- What is the goal?
- Is there a leadership team?

- Utilizing CoE tools, this is your time to think, reflect and make plans!